

**PLEASE PRINT**

**Name:** \_\_\_\_\_

Please complete **entire** Application for Employment carefully, accurately, and legibly. The City may consider the neatness and the completeness of an Application in selecting an employee.

**CITY OF MURFREESBORO**  
**APPLICATION FOR PART-TIME OR SEASONAL EMPLOYMENT**

City policy is to comply with applicable federal, state and local laws and to provide an equal employment opportunity for all applicants for employment by hiring the individual who, based upon relevant factors including work quality, attitude and experience and excluding non-work related factors including race, color, religion, creed, sex, national origin, disability, or political affiliation, appears to the City to be the best qualified for the job. This equal employment opportunity policy applies to all City employment practices. The City has developed an Equal Employment Opportunity Plan. This document is available for review upon request.

**BEFORE completing this Application for Employment read the job description for the job for which you are applying. It is attached to this Application. This Application will be considered for this job opening only. If you wish to be considered for any other job opening with the City, you will need to reapply at that time.**

**JOB TITLE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

The City has a duty to provide, and will provide, reasonable accommodations to any person with a disability who requests one as part of the hiring process. The hiring process involves reading the job description and this Application for Employment, making written responses to this Application for Employment and participating in oral interviews. If testing is part of the hiring process for this position, the test is described in the job description. If you wish to request an accommodation for the hiring process, please describe the accommodation requested and the reasons for the request below and speak with a Personnel Department employee before completing the rest of the Application for Employment. If no accommodation is requested, write NONE in the space below.

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## REPRESENTATIONS BY APPLICANT

I understand the requirements for the job described on the attached job description, including the attendance requirements, and I can perform all essential functions, with or without reasonable accommodation.

I have the legal right to work in the United States of America.

I authorize the City to investigate all statements contained in this application and to discuss my qualifications with schools, former employers, and references as stated in the attached Authorization to Release Information form which I have signed. **I understand that my current employer will be contacted only if I authorize this elsewhere in this Application for Employment.** I understand that any job offer for a position classified as safety sensitive will be conditioned upon receiving satisfactory results of a test for illegal drugs or alcohol misuse.

I understand that a job offer may be conditioned upon receiving satisfactory results of a physical agility test, a demonstration of an ability to perform the essential functions of the job, a medical examination or inquiry, or a psychological examination.

**I understand that this Application for Employment, and the records of any such investigations or tests, are public records which the City cannot, as a matter of law, keep confidential.**

**I understand that misrepresentation of facts in this Application for Employment, or the omission of facts called for in this Application, may cause me not to be hired or, if hired, may cause me to be dismissed, suspended, or demoted.**

I understand and agree that any employment offered me by the City will be for no definite period of time and may, regardless of the dates of payment of my compensation, be terminated at any time for any reason. I understand that, if offered a job, I am not guaranteed continued employment for any set term. I understand that employment in this position does not constitute an automatic priority for obtaining a full-time job with the City. I understand that no City official or employee has the authority to enter into any contract of employment with me and that I cannot rely on any oral or written statements to the contrary. I understand that the City's rules and benefits for employees are subject to change.

I understand that, if offered a full-time permanent position, during the first twelve (12) months following such employment, I shall be on probation. I understand that as a probationary employee, I shall be considered an employee at will. I understand I may be terminated without cause during the first twelve (12) months of full-time permanent employment.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Present Address: \_\_\_\_\_

Street

City

State

Zip

Permanent Address: \_\_\_\_\_

Street

City

State

Zip

Phone Numbers: Day ( ) \_\_\_\_\_ Night ( ) \_\_\_\_\_

If you are less than 21 years of age, state your age: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the conviction in detail: \_\_\_\_\_

If you are related by blood or marriage to anyone who is, or who has been within the past two (2) years, the **City Manager, City Recorder, City Treasurer, City Judge, City Attorney** or a member of the **City Council**, state their name and the relationship: \_\_\_\_\_

If offered the job, I can start work on: \_\_\_\_\_

Have you previously been employed by the City of Murfreesboro or its agencies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what City department: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

**EMPLOYMENT** - Describe below the last two employers, starting with the most current.

Name, address and phone number of CURRENT or most recent employer: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Names of Supervisors: \_\_\_\_\_

If currently employed, may we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Name, address and phone of previous employer: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Names of Supervisors: \_\_\_\_\_

### **EDUCATION AND ACTIVITIES**

Last year of education completed: \_\_\_\_\_

School attended: \_\_\_\_\_

Year of graduation and degree or diploma: \_\_\_\_\_

**Describe any certifications, skills, training, special study or experience relevant to this job:**

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**REFERENCES**

**Identify three persons, other than relatives, who have knowledge of your abilities and character:**

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Relationship \_\_\_\_\_

**By signing this Application for Employment, I represent that all information is true and complete to the best of my knowledge.**

Print Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

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Received: \_\_\_\_\_

## **AUTHORIZATION TO RELEASE INFORMATION**

Because I have applied for employment with the City of Murfreesboro, I have authorized the City of Murfreesboro to investigate me.

I hereby authorize ALL persons, including educational institutions, employers, and personal references, to respond fully to verbal or written inquiries from the City of Murfreesboro about me and to release any record, including educational and employment records, concerning me to the City of Murfreesboro EXCEPT that I do not hereby authorize the release of any information or records concerning: (1) my medical history and (2)

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(list any topic(s) for which disclosure is not authorized)

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If I am applying for a position requiring a commercial motor vehicle driver's license, I specifically request that prior employers provide information about my participation, if any, in a controlled substances and alcohol testing program within the past two (2) years including specifically: information of any driver's alcohol test in which a breath alcohol concentration of 0.04 or greater was indicated; information on any driver's controlled substances test in which a positive result was indicated; and, any refusal to submit to a required alcohol or controlled substance test.

If I have been employed as a Tennessee law enforcement officer, I \_\_\_\_\_ waive notification  
(do/do not)  
of inspection as provided for in T.C.A. §10-7-503(c).

I hereby release and agree to hold harmless from any liability for participating in this investigation the City of Murfreesboro and its representatives and, unless they furnish false information with malice or the willful intent to injure me, all persons, entities and businesses contacted by the City of Murfreesboro. I understand that information and records provided to the City of Murfreesboro are public records available for inspection by any citizen, including myself, upon request.

Copies of this Authorization to Release Information shall be as valid as the original. This Authorization shall remain in effect unless and until revoked in writing.

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Print Name

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Date

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Signature